



Indiana Health Centers serves migrant workers

They live in 16 x 20-foot or 10 x 10-foot houses that look like large yard barns. They work sunup to sundown in the tomato fields. They earn 35 cents for each hamper of field tomatoes they pick.

"They" are the migrant farm workers in Indiana. It's no surprise to anyone that this population leads a difficult life. Yet there are concerned Hoosiers who work hard to make the migrant farm workers' lives better.

Indiana Health Centers, Inc. (IHC) is a not-for-profit organization of eight regional health centers dedicated to serving the uninsured, underinsured, and vulnerable populations in Health Professional Shortage and Medically Underserved areas. The migrant farm workers are one of the populations they serve.

IHC receives \$1 million annually from the Indiana State Department of Health's Community Health Center grant program.

Timothy A. Gee is chief operating officer of the Indiana Health Centers and José Perez is the deputy chief operating officer.

Recently, the two took several State De-



Photo courtesy of Indiana Health Centers, Inc.

Migrant farm workers bring their tomato-laden hampers to the semi-truck. The farm workers earn 35 cents for each hamper they fill.

partment of Health employees on a tour through Grant, Howard, Madison, and Tipton counties to get a first-hand look at services for migrant workers. Tomato fields lined the roadways the group traveled on their visits to four migrant labor camps, the Ray Brothers and Noble tomato canning plant, and the Kokomo and Marion IHC health centers.

Taking the tour were Liz Carroll, deputy state health commissioner; Nellie Simpson, director of the Local Liaison Office; Zach Cattell, director of the Legislative Affairs Office; Jonathan Mack, director of the Office of Primary Care; and Judy Buchholz,

editor of *The Express*.

Gee told the group that the migrant workers arrive in Indiana at the beginning of the growing season, usually May or June, and return to their home base in September or October to seek work. The number of migrant workers in Indiana has decreased from about 20,000 in the 1970s to between 6,000 to 7,500 today. Migrant laborers work in the tomato fields or in the canneries doing shift work

in the plants, some that operate 24 hours a day.

About half of the workers return year after year to the same fields or canneries and the same camps.

Señora Hernandez (not her real name) lives in the Red Gold camp, one of the migrant camps visited. She invited the visitors into her living unit and told them, through Perez, that this was her fifth year at the Red Gold camp, and she said she was very happy to be in one of the new units with indoor toilets and running water.

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First two Public Health Preparedness district field offices open

The first two of 10 Indiana **Public Health Preparedness** district field offices are up and running. Field offices in Districts 4 and 6 are staffed and ready for field operation.

The District 4 field office, which opened August 18, is located in Lafayette, at 20 North Third Street in the Tippecanoe County Building. It is within the offices of the Tippecanoe County Health Department. The District 6 office, which opened September 15, is located in Muncie, at 225 High Street.

Pam Pontones, field epidemiology

director for the State Department of Health Epidemiology Resource Center, said the field offices are being set up as part of the Cooperative Agreement on Public Health Preparedness and Response for Bioterrorism, a federal grant from the Centers for Disease Control and Prevention (CDC).

"This grant will enable the State Department of Health to provide more timely assistance to local health departments for disease investigation and public health preparedness planning," Pontones said. "The grant allows states to build an infrastructure to better respond to bioterrorism and

health emergencies, and the field offices are an integral part of the state's Public Health Preparedness Plan."

The addition of district offices will facilitate quicker response times when there are naturally occurring disease outbreaks, like foodborne *Salmonella* or *E. coli* or the waterborne *Cryptosporidium* that comes from drinking untreated or contaminated surface water or breaches of water treatment plants during floods, Pontones said.

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MIGRANT WORKERS: Work is Number One Priority

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Photo courtesy of Indiana Health Centers, Inc.

Clothes hang outside migrant workers' living units at a typical migrant worker camp.

Señora Hernandez came from South Texas with her five nieces, who live in the unit with her. They work various shifts in the processing plant for 9 to 10 hours a day. Partitions separated the living/eating area from the bedrooms with bunk and double beds.

Their small TV sat on a bedside table and a Bunsen burner was in the kitchen area. Clothes were hanging on bars along the walls, and their food supplies were neatly stacked on the counter tops. The concrete floor was immaculate.

Gee and Perez sought to dispel the myths some people have of the Indiana migrant populations, nearly 60 percent of whom travel from South Texas and another 18 percent from Florida to work for five or six months.

"Most of the migrant workers are not undocumented," Gee said, noting that only about 18 percent are undocumented.

"People think they're dirty. They're not dirty, they're very clean. Cleanliness is part of their culture and their pride," he said.

There are 52 state-licensed migrant la-

bor camps in Indiana. The camps are provided by the growers of the agricultural produce, and the migrant workers pay rent. Anywhere from 50 to 350 live in grower-provided camps. The state sets minimum standards for the camps to assure the workers and their families live in sanitary, safe, and satisfactory conditions. The Sanitary Engineering Division of the State Department of Health is the regulatory agency making sure these standards are met.

Mike Hoover, chief of the Environmental Health Section, said

the camps are inspected at least once a month during the growing season.

Gee noted that providing health care and help to the farm workers can be challenging. Language is one barrier. Cultural differences also create boundaries.

Getting the workers to the health care centers is also a challenge. Those in the fields work from sunup to sundown, which doesn't leave a lot of time to go to town to the doctor.

To accommodate the migrant families, the Indiana Health Centers have extended hours. Women, Infants and Children (WIC) programs are also housed in these facilities. The health centers receive state and federal funds as well as WIC money and grants from ISDH's Community Health Center and Maternal and Child Health programs. The Kokomo and Marion health center buildings were purchased with tobacco settlement funds.

Health care workers say they look beyond the norm when examining migrant workers. Flu-like symptoms may not be flu, but instead could be an indication of pesti-

cide poisoning. A common ailment is dermatitis from the workers wearing muddy shoes that haven't dried out from the day before. Ear infections, fungal infections, and sore throats are also common. An insect in an eardrum is uncommon, but not unheard of. Chronic diseases such as hypertension and diabetes are also common.

Rita Nevitt, R.N. is the practice manager at the Kokomo Health Center. She said the clinic sees about 18 migrant workers a day. Some days there are more; some days there are less. If the sun is shining and the workers are in the fields, then not many come. But she says if it's a rainy day, and they can't work in the fields, "they come in in droves, and they come in as families."

"We never turn a migrant worker away," she said, "because that's why we're here."

Both the health centers go one step farther – they go to the fields and to the camps. Ill workers often will not leave their jobs to go to the clinic because that would mean losing wages for the day.

"Work is the migrant workers' Number One priority," Gee said.

Migrant workers will earn from \$2,000 to \$6,000 during their stay in Indiana, which is 75 percent of their yearly income, Gee said. Most of the farm workers come as families, and most members of the family – including children during summer – work in the fields, he added. The more members of a family who work, the more income for the family.

"Indiana's strong agricultural economy depends on migrating farm workers to do the manual jobs not wanted by Indiana residents," said Lynn Clothier, IHC chief executive officer.



Photo by Daniel Axler

Keeping baby safe is the message that Barb Himes of the **Indiana Perinatal Network's SIDS** program is giving these expectant mothers. Himes is explaining how to put your baby to bed safely to avoid Sudden Infant Death Syndrome (SIDS). The September 16 presentation was part of the "Shower Your Baby With Love, Baby Shower" at the Indianapolis Urban League as part of "Take a Loved One to the Doctor Day."



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PREPAREDNESS: Field offices will assist local health departments

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The goal of the district offices is to provide assistance to the local health departments in the event of a public health emergency so that the proper preventative measures can be promptly taken," Pontones explained.

Each office will be staffed with a field epidemiologist and a public health coordinator to help local health departments develop emergency plans for dealing with public health events.

The District 4 field epidemiologist is Sandy Gorsuch, and the public health coordinator is Liz Hibler. In District 6, the field epidemiologist is Stephanie Jackson. A public health coordinator has not yet been hired for District 6.

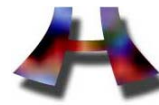
Gorsuch said the field staff is there to advise and assist the local health departments to prepare and respond to public health outbreaks, biological or chemical events, and emerging diseases.

"We are there in an assistance role," Gorsuch said.

She said one of her responsibilities

is to do surveillance on communicable diseases reported by health professionals and to look for trends such as a changing population or outbreaks of diseases new to the area. Being prepared for what may be coming in the future will help health officials respond more quickly and more effectively, she said.

The field epidemiologists and coordinators will be especially useful in cases where outbreaks cross county lines, providing communication and support to various agencies.



Hibler said she is working with the local health departments in District 4 to help them develop

plans for the prevention and/or treatment of diseases affecting large populations.

She also will be assisting them in developing plans for receiving large supplies of pharmaceutical and medical supplies from the CDC, the Strategic National Stockpile delivery protocol, in case of a bioterrorism event or massive epidemic.

In her role as field coordinator, Hibler assists local health departments



Indiana Public Health Preparedness districts.

as they develop strategies to coordinate public health contingency plans with the local hospitals, school districts, emergency management agencies, and other organizations.

The remaining offices will be set up in the near future.

Terry Whitson named assistant commissioner for Health Care Regulatory Services



Photo by Daniel Axler
Terry Whitson

Terry Whitson, J.D., the new assistant commissioner for **Health Care Regulatory Services** at the Indiana State Department of

Health, considers himself a "low-key, academic type person." Whitson takes over from Liz Carroll, J.D., who was named deputy commissioner for the State Health Department in August 2003.

Whitson joined ISDH in February 1999 as staff attorney. In September 2001, he was named supervising attorney.

In his new role, Whitson will oversee the acute care, consumer protection, and long-term care divi-

sions. These divisions have about 330 total employees.

"I consider it a wonderful honor and privilege to be involved in public service," Whitson said.

Whitson said the Indiana General Assembly adopts statutes for the regulation of health facilities and consumer protection. Based on these statutes, ISDH licenses health care facilities within the state, including hospitals and nursing homes, and the regulatory services division conducts annual and complaint surveys of the licensed health facilities.

Other areas that fall under the regulatory services auspices include mosquito control, waste disposal systems, mobile home parks and campgrounds, weights and measures, indoor and radiologic health, food wholesalers, State Fair food booths, and food establishments at state properties. The division conducts inspections and provides regulatory

oversight in many of these consumer protection areas, as well as certifies nurse aides and radiologic technologists.

Whitson's background encompasses law, health, and education. He has been a diagnostic imaging specialist, an associate professor of radiologic technology at Marian College, a faculty member at the Indiana University School of Medicine, and a medical-legal analyst for a small law firm in Indianapolis.

Whitson says he enjoys reading and going to school. He has a law degree from the Indiana University School of Law, Indianapolis; an M.S. degree in health occupations education from IU School of Education, Indianapolis; and a B.S. degree in diagnostic imaging specialties from the IU School of Medicine, Indianapolis.

He is working on his dissertation

See **WHITSON** – Page 4

CDC staff present immunization updates, information



Wendy Gettelfinger, R.N., J.D. welcomes course attendees.

More than 200 health professionals from Indiana, Maryland, California, and Canada received updates and information on immunization issues from staff from the Centers for Disease Control and Prevention (CDC) during a two-day course in downtown Indianapolis September 9 – 10.

The live, interactive course, “Epidemiology and Prevention of Vaccine-Preventable Diseases,” was sponsored by the Indiana State Department of Health

[Immunization Program](#), Indiana University School of Medicine’s Department of Public Health, the Mid-America Public Health Training Center, and the CDC.

Course faculty were from the CDC’s National Immunization Program Education, Information, and Partnership Branch.

Attendees received updates on schedules, contraindications, standard immunization practices, vaccine-preventable diseases, and vaccine management and safety.

Wendy Gettelfinger, R.N., J.D., ISDH assistant commissioner for Community and Family Health Services, gave the opening welcome.

Luncheon speaker was Carol



Photos by Daniel Axler

CDC staff prepare for their presentations. From left are: Sharon L. Roy, M.D.; Andrew T. Kroger, M.D.; William L. Atkinson, M.D.; Donna L. Weaver, R.N.; and Judy Schmidt, R.N.

Juergensen Sheets, licensed clinical social worker at Indianapolis Psychiatric Associates of Methodist Medical Group.

The accompanying chart from the State Department of Health shows the success of immunization programs.

Vaccine-Preventable Disease

This chart shows the number of vaccine-preventable diseases in randomly selected years in Indiana. Red indicates year vaccine was licensed. Green indicates years that school requirements were implemented.

Year	Diphtheria	Pertussis	Measles	Mumps	Rubella	Polio
1949	394	993	4,018	1,500	No report	1,432
1950	154	1,769	7,795	1,147	369	609
1952	39	434	8,384	3,387	557	1,610
1955	21	1,966	3,854	3,384	494	446
1956	91	398	14,914	3,376	2,144	410
1963	10	481	4,650	3,394	1,972	4
1967	1	304	693	5,684	669	3
1969	0	63	528	2,888	2,404	0
1973 K-1	0	46	675	1,786	1,018	1
1976 K-1	0	61	4,612	1,669	1,063	2
1980 K-12	0	164	97	170	388	0
1984	0	259	3	77	5	0
1985	0	223	58	44	1	0
MumpsK-1						
1991	0	66	6	9	1	1
2nd dose measles - 6						
1996	1	128	0	8	0	0
2003						
as of 9/19	0	43	0	0	0	0

WHITSON: Fourth Degree Tae Kwon Do master

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for his Ph.D. in higher education administration from the IU School of Education, Bloomington.

When he attends conferences or workshops, he says he might pick up a dense history or law book and read “just for fun” during the breaks.

But don’t let his low-key demeanor fool you. Whitson is a master of Tae

Kwon Do with a fourth degree black belt. He practices and receives instruction in this martial arts from three to four days a week and helps teach Tae Kwon Do to both adults and children.

“Tae Kwon Do is good exercise and it’s a fun way to teach kids, and adults who want to be kids, something about the martial arts,” he said.



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